

**DRAFT
FOR STAKEHOLDER INPUT
4/11/06**

**Annual Update
For the Community Services and Supports (CSS)
Component
Of the Mental Health Services Act (MHSA)**

The MHSA requires updates at least annually to the Three-Year Program and Expenditure Plans. (See Attachment 1 for relevant excerpts from the statute.) The California Department of Mental Health (DMH) is requesting stakeholder input regarding those requirements for the CSS component. These annual updates are intended to supplement county reports that are provided to the state (see Attachment 2 for summary) and other information that is available locally. The following draft is provided to facilitate stakeholder input on draft requirements.

Input on the DRAFT Annual Update for CSS can be provided through the following mechanisms until May 6, 2006:

General Stakeholders Meetings:

April 25, 2006 – Orange, CA

April 26, 2006 – McClellan (Sacramento), CA

Additional Details:

<http://www.dmh.ca.gov/mhsa/meetings.asp>

Email: mhsa@dmh.ca.gov

Phone: (800) 972-MHSA (6472)

Mail: MHSA Project Team

1600 9th Street, Room 130

Sacramento, CA 95814

Purpose of Annual Update

- 1) Provide a brief update on ongoing community program planning and implementation of MHSA services. This information will be combined with other reports to help DMH and the Oversight and Accountability Commission:
 - a. Understand program implementation successes and challenges
 - b. Highlight issues for future policy development, policy clarification and technical assistance
 - c. Provide accountability to link local proposed strategies and programs to actual implementation

- d. Obtain additional essential county specific information to understand the context of change
- 2) Provide any specific information required by the state in the county's Three-Year Plan approval
- 3) Provide a mechanism for Counties to propose changes in programs included in the Three-year Program and Expenditure Plan for inclusion in subsequent year MHSA performance contract
- 4) Meet the MHSA statutory requirements for an update at least annually

Requirements

Part I—Brief Implementation Update

This brief update must emphasize the 5 essential elements, which are community collaboration, cultural competence, client/family driven mental health system, wellness/recovery/resiliency focus, and integrated service experiences for clients and families.

A. Update on Continuation of Community Program Planning—

- 1) Describe process of involvement of stakeholders in update and implementation processes (2 pages—1 page for small counties)
 - a. How did the involvement of stakeholders build upon initial planning process
 - b. How were consumers and families included as full partners
 - c. What other stakeholder groups were included—MHSA (Welfare and Institutions Code 5848(a)) requires, at a minimum, inclusion of providers, law enforcement and social services
- 2) Provide the dates of the 30-day stakeholder review period and brief summary of methods to distribute the proposed annual update
 - a. Include a summary and analysis of any substantive recommendations for revisions
- 3) Include documentation of the public hearing by mental health board

B. Program Implementation Update

- 1) Provide brief implementation update for programs for each age group (2 pages for each age group—small counties may combine age groups and provide an update of approximately 4 pages)
 - a. Highlight transformational activities that will move the system towards the five essential elements
 - 1. These may include employee and provider training, implementation of housing options, collaboration with other key systems, hiring update including hiring of consumers and family members, status of implementation of wraparound, and update on provider contracting
 - b. Describe the major Implementation challenges encountered

C. Additional Required Updates

- 1) Some counties may have additional reporting requirements as a condition of approval of their Three-Year Program and Expenditure Plan by the state. Those updates are required with the annual update.

Part 2—County Requests for Changes in Approved Three-Year Plan

- A. Propose revisions to existing programs
 - 1) Provide the rationale for any proposed changes in programs
 - 2) Describe significant proposed changes in
 - a. Program description
 - b. Numbers of individuals to be served (if reductions are proposed, must include related revisions in budget)
 - c. Priority populations
 - d. Strategies to be used
 - e. Proposed expenditures (line item changes do not need to be included)
- B. Propose new programs. Submit the information required in DMH Letter 05-05 Section VI.
- C. Submit requests for additional one-time funds and ongoing service funding, if the county is not at maximum funding level
 - 1) Describe the proposed request for additional funds
 - 2) Provide budget and budget narrative with
 - a. Rationale for necessity of expenditures
 - b. How they are critical to achieving outcomes of specified programs
 - c. The method for calculation of costs

Timeframes

- 1) The implementation period addressed in the annual update shall be
 - a) The 6 months following the approved start date for services for the initial update
 - b) The prior fiscal year for subsequent annual updates
- 2) Requests for changes in programs and for new programs need to be approved in advance. These requests should be submitted at least 6 months in advance of the proposed start date.
 - a) May propose changes in outcomes and budgets for current year
 - i) Changes in service delivery targets for current year must address associated budget changes
 - b) Proposed changes must be pursuant to a local stakeholder process
- 3) Submission Date
 - a) The initial annual report is due 9 months after the approved start-date
 - b) For subsequent years, it is due January 1 for each year that the complete Three-Year Program and Expenditure Plan is not submitted
- 4) Review Process
 - a) State DMH and OAC review and approve consistent with roles specified in MHSA
 - b) Approved changes will be included in MHSA performance contract between the state and county

Attachment 1
MHSA Statutory Requirements for Annual Updates to the
Three-Year Program and Expenditure Plans

5847(a) Each county mental health program shall prepare and submit a three-year plan which shall be updated at least annually and approved by the department after review and comment by the OAC.

(d) Each county mental health program shall prepare expenditure plans and updates to the plans developed pursuant to this Section. Each expenditure update shall indicate the number of children, adults and seniors to be served... and the cost per person. The expenditure update shall include utilization of unspent funds allocated in the previous year and the proposed expenditure for the same purpose.

5848(a) Each plan and update shall be developed with local stakeholders including adults and seniors with severe mental illness, families of children, adults and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies and other important interests. A draft plan and update shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of such plans.

(b) The mental health board...shall conduct a public hearing on the draft plan and annual updates at the close of the 30-day comment period required by subsection (a). Each adopted plan and update shall include any substantive written recommendations for revisions. The adopted plan or update shall summarize and analyze the recommended revisions. The mental health board shall review the adopted plan or update and make recommendations to the county mental health department for revisions.

Attachment 2 Required Reports

In addition to the annual updates and Three-Year Program and Expenditure Plans, counties will provide ongoing data about overall system and MHSA services and costs. A semi-annual survey of clients and family members will continue to get direct feedback from those receiving services. Following is a brief summary of the reports to be submitted by counties. New MHSA reporting requirements are shown with an asterisk (*)

- 1) Information about Clients and Services Provided:
 - a) Client and Services Information System (CSI) – data submitted by the counties monthly on service utilization
 - b) Integrated Services for Homeless Adults with Serious Mental Illness (AB 2034) Reporting – continuous submission from the counties of key event changes in clients' lives such as obtaining employment, housing, etc.
 - c) *Full Service Partnership (FSP) Outcomes Assessments Reporting – based on AB 2034 model, continuous submission from the counties of data specific to Full Service Partnerships
- 2) Consumer and Family Perception Surveys – submitted by the counties for two-week periods, twice per year, on consumer and family member satisfaction with services received
- 3) MHSA Program Implementation:
 - a) *Exhibit 6 – quarterly updates from the counties, within 30 days of the end of each quarter, summarizing number of clients served through programs in the approved Community Services and Supports Three-Year Program and Expenditure Plan
- 4) Fiscal:
 - a) Cost and Financial Reporting System (CFRS) ("Cost Report") – submitted by the counties annually, to compute the cost per unit for each service function, determine the estimated net Medi-Cal entitlement for each legal entity, identify the sources of funding, serve as the basis for the local mental health agency's year-end cost settlement, focused reviews and subsequent SD/MC fiscal audit, and serve as the source for county mental health fiscal year-end cost information
 - b) *MHSA Fund Balance Report – submitted semi-annually by counties to specify the amount of MHSA cash which is available and not committed to another purpose
 - c) *MHSA Expenditure Report – submitted by the counties annually, by December 31, following each fiscal year of service delivery, reflecting MHSA implementation of Full Service Partnerships and other services